Entry Blank-Please Type or Print Ms./Artist KENNETH ☐ Mr./Artist (last name last) 7 E. 194 ths Permanent Address 44119 Daytime Tel. (216) 481-3083 area Temporary or Studio Address Street City Zip SLIDES If you do not pr Reserve, in which Collaborator (if If May Show Artist will pick of ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street State City Zip Special Instructions Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed hereig.

Signature Kennett + Daxes

I have received the unsold/unaccepted object(s) in good condition.

Signature _____

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

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